II. INSTITUTIONAL EDIT REQUIREMENTS (ELN 100-144)

Element Name: Patient Zip Code (1-100)

Validity Edits

1-100-01   MUST BE 9 CHARACTERS. EITHER 9 DIGITS. **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS. **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS. MUST NOT BE ALL ZEROES **OR** ALL NINES.

1-100-02   MUST BE VALIDATED BY MATCHING EITHER THE FIRST 3 DIGITS AGAINST ZIP CODE FILE. **OR** THE FIRST 2 CHARACTERS AGAINST FIGURE OF COUNTRY CODES.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NAS EXCEPTION REASON	SEE BELOW	
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
ENROLLMENT STATUS	SEE BELOW	

Edited Element Relationship

1-100-03R   IF NAS EXCEPTION REASON IS CODED
     PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA UNLESS NAS EXCEPTION CODE = 'G', 'P', OR 'O' *OR SPECIAL PROCESS CODE = 'ST.*

   IF NAS EXCEPTION REASON = BLANK
     PATIENT ZIP CODE MAY BE EITHER **WITHIN OR OUTSIDE** CATCHMENT AREA(S).

1-100-04R   IF NAS NUMBER IS PRESENT
     PATIENT ZIP CODE MUST BE **WITHIN** A CATCHMENT AREA.UNLESS SPECIAL PROCESSING CODE = '5' AND BEGIN DATE OF CARE $\geq$ 04/01/95 *AND* $\leq$ 07/15/96 OR SPECIAL PROCESSING CODE = 'ST'.

1-100-05R   IF SPECIAL PROCESSING CODE = '9' (FORT DRUM COOPERATIVE MEDICAL CARE)
     PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA.

1-100-06R   IF ENROLLMENT STATUS = 'A', 'B', 'C', 'K', 'L', 'M', 'N' **OR** 'S'
   AND NO OCCURRENCE OF OVERRIDE CODE = "S"
     PATIENT ZIP CODE MUST BE IN CALIFORNIA **OR** HAWAII

1-100-07R   IF ENROLLMENT STATUS = 'H', 'I', 'J', 'O', 'P' OR 'Q'
   AND NO OCCURRENCE OF OVERRIDE CODE = "S"
     PATIENT ZIP CODE MUST BE A VALID ZIP CODE FOR THE NEW ORLEANS COORDINATED CARE PROGRAM.OR A BASE REALIGNMENT AND CLOSURE (BRAC) SITE (SEE ADP MANUAL. CHAPTER 2, ADDENDUM M)

Element Name: **Enrollment Status (1-105)**

Validity Edits

1-105-01   MUST BE A *VALID VALUE LISTED IN ADP MANUAL, CHAPTER 2.*

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
OVERRIDE CODE	SEE BELOW	
SOURCE OF HEALTH CARE DATA (DERIVED)	SEE BELOW	
PROVIDER CONTRACT AFFILIATION CODE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	

Edited Element Relationship

1-105-02R   IF ANY OCCURRENCE OF OVERRIDE CODE = Z (ENHANCED BENEFIT)

ENROLLMENT STATUS MUST

A	FOUNDATION HEALTH PLAN
B	PARTNERS HEALTH PLAN
C	QUEEN'S HEALTH CARE PLAN
N	NON-PRIME; e.g., EXTRA
O	NEW ORLEANS PRIME
P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
E	MANAGED CARE SUPPORT-TRICARE-TIDEWATER PRIME
H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT
U	MANAGED CARE SUPPORT-PRIME, CIVILIAN PCM
Z	MANAGED CARE SUPPORT-PRIME, MTF/PCM

1-105-03R   IF SOURCE OF HEALTH CARE DATA (THIS IS A **DERIVED** ELEMENT) IS A CRI CONTRACTOR

ENROLLMENT STATUS MUST

A	FOUNDATION HEALTH PLAN
B	PARTNERS HEALTH PLAN
C	QUEEN'S HEALTH CARE PLAN
D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
N	NON-PRIME
S	CRI STANDARD CHAMPUS PROGRAM
Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
R	TRICARE EXTRA - NORTH CAROLINA

Element Name: Enrollment Status (1-105) (Continued)

IF SOURCE OF HEALTH CARE DATA IS A *CONTRACTOR*

ENROLLMENT STATUS MUST	F	*CONTRACTOR* STANDARD CHAMPUS PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
	G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	R	TRICARE EXTRA - NORTH CAROLINA

IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION

ENROLLMENT STATUS MUST	O	NEW ORLEANS PRIME
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
	Q	NEW ORLEANS COORDINATE CARE STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT

ENROLLMENT STATUS MUST BE =	K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT
	L	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	O	NEW ORLEANS PRIME
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
	Q	NEW ORLEANS COORDINATED CARE STANDARD CHAMPUS PROGRAM
	R	TRICARE EXTRA - NORTH CAROLINA
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
	V	MANAGED CARE SUPPORT - EXTRA
	W	ACTIVE DUTY USA
	X	ACTIVE DUTY EUROPE
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

Element Name: **Enrollment Status (1-105) (Continued)**

	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

1-105-04R   IF PROVIDER CONTRACT AFFILIATION CODE = 1 (CONTRACTED)

ENROLLMENT STATUS MUST NOT   S   STANDARD CHAMPUS PROGRAMS

IF PROVIDER CONTRACT AFFILIATION CODE = 2 (NOT CONTRACTED)

ENROLLMENT STATUS MUST NOT   N   NON-PRIME

1-105-05R   IF ENROLLMENT STATUS =   W   (GSU ACTIVE DUTY - USA)

X   (ACTIVE DUTY - EUROPE)

AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = AD (ACTIVE DUTY)

1-105-06R   IF ENROLLMENT STATUS =   BB   MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = MS (MEDICARE SUBVENTION/TRICARE-SENIOR PRIME)

Element Name: **NAS Number (1-110)**

Validity Edits

1-110-01   IF NAS NUMBER IS CODED

POSITIONS 2 - 4 (DMIS FACILITY #), MUST BE VALID (USER SUPPLIED: USE MTF NUMBERS). POSITION 1 MUST BE ZERO.

POSITIONS 5 - 8 (JULIAN DATE; FORMAT: YDDD), Y MUST BE 0 - 9, DDD MUST BE 001 - 366.

POSITIONS 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

OR

POSITIONS 1-2 MUST BE '46' **OR** '47' AND POSITIONS 3-11 MUST BE ZEROS, AND EITHER DATE OF ADMISSION < 11/1/92 **OR** FILING STATE/COUNTRY CODE ≠ NUMERIC **OR** 'PR'.

IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PATIENT ZIP CODE	SEE BELOW	ADMISSION DATE
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR
SPECIAL PROCESSING FLAG	SEE BELOW	

Edited Element Relationship

NO ERROR   *IF SPECIAL PROCESSING CODE =   MS   MEDICARE SUBVENTION/TRICARE-SENIOR PRIME*

NO NAS IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.

1-110-02R   IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA (CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)
NAS NUMBER MUST = BLANK
UNLESS SPECIAL PROCESSING CODE = 'ST'

1-110-03R   IF NAS EXCEPTION REASON IS NOT BLANK
NAS NUMBER MUST = BLANK

1-110-04R   IF BEGINNING DATE OF CARE $ 9/23/96
AND

ENROLLMENT STATUS   E   MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME

H   MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT

K   MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT

O   NEW ORLEANS PRIME

U   MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

Z   MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK AND PATIENT ZIP CODE IS IN A CATCHMENT AREA (CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)
NAS NUMBER MUST BE CODED, **UNLESS**

Element Name: **NAS Number (1-110) (Continued)**

SPONSOR BRANCH OF SERVICE	C	CHAMPVA
HEALTH CARE PLAN CODE	11	MCS - FORT BRAGG DEMO
ANY OCCURRENCE OF DENIAL REASON CODE	9	NAS NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS
SPECIAL PROCESSING CODE	ST	SPECIALIZED TREATMENT
ANY OCCURRENCE OF OVERRIDE CODE	C	GOOD FAITH PAYMENT
PROGRAM INDICATOR	H	PROGRAM FOR PERSONS WITH DISABILITIES OR
SPONSOR STATUS	T	NATO

IN WHICH CASE NAS NUMBER MUST BE BLANK.

1-110-05R   IF SPECIAL PROCESSING CODE   I   BERGSTROM AFB CATCHMENT AREA

J   LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER MUST NOT = 46000000000.

1-110-06R   IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	O	NEW ORLEANS PRIME
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK AND

((DRG = 104, 105, 106, 107, 108, OR 112 AND

PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (042) 200 MILE AREA AND

BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR

(DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636 AND

PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND

BEGIN DATE OF CARE ≥ OCTOBER 1, 1997) OR

(DRG = 104, 105, 106, 107, 108, 110, 111, 112, 124, 125 AND

PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND

BEGIN DATE OF CARE ≥ OCTOBER 1, 1997))

NAS NUMBER MUST BE CODED,

UNLESS
SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR
SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF DENIAL REASON CODE	9	NONAVAILABILITY STATEMENT NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS

Element Name: **NAS Number (1-110) (Continued)**

                                          N   MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK.

1-110-07R   IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS   E   MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME

                                          H   MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT

                                          K   MANAGED CARE SUPPORT CALIFORNIA/HAWAII. TRICARE PRIME ENROLLED PATIENT

                                          O   NEW ORLEANS PRIME

                                          U   MANAGED CARE SUPPORT PRIME. CIVILIAN PCM

                                          Z   MANAGED CARE SUPPORT PRIME. MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK AND

  PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA AND

((DRG = 480 AND BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR

(DRG = 481 AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997))

    NAS NUMBER MUST BE CODED.

UNLESS
SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR
SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF   9   NONAVAILABILITY STATEMENT NOT PROVIDED
DENIAL REASON CODE   2   INELIGIBLE CLAIMANT
                                          A   DEERS
                                          N   MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK

1-110-08R   *IF BEGINING DATE OF CARE ≥ 9/23/96
AND*

ENROLLMENT STATUS   E   MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME

                                          H   MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT

                                          K   MANAGED CARE SUPPORT CALIFORNIA/HAWAII. TRICARE PRIME ENROLLED PATIENT'

                                          O   NEW ORLEANS PRIME

                                          U   MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

                                          Z   MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

  AND DRG = 104, 105, 106, 107, 108, 110, OR 111

  AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)

  OR NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA

Element Name: **NAS Number (1-110) (Continued)**

AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997

    NAS NUMBER MUST BE CODED

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCUREENCE OF DENIAL	9	NONAVAILABILITY STATEMENT NOT PROVIDED
REASON CODE	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE IN > 0

    IN WHICH CASE NUMBER MUST BE BLANK.

Element Name: **Patient Coinsurance (1-140) (Continued)**

OVERRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COPAYMENT
OVERRIDE CODE	SEE BELOW	

Edited Element Relationship

NO ERROR   *IF SPECIAL PROCESSING CODE =*   MS   *MEDICARE SUBVENTION/TRICARE-SENIOR PRIME* |
BYPASS ALL COINSURANCE EDITING. |

1-140-02R   PATIENT COINSURANCE MUST BE ZERO **WHEN**:

TYPE OF SUBMISSION   D   COMPLETE CONTRACTOR DENIAL |

1-140-03R   PATIENT COINSURANCE MUST BE ZERO **WHEN**:

TYPE OF SUBMISSION   C   COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

UNLESS
THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COINSURANCE MUST BE ≥ ZERO.

1-140-05R   PATIENT COINSURANCE MUST BE ≤ AMOUNT ALLOWED **WHEN**:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	D	MANAGED CARE SUPPORT - TRICARE - TIDEWATER STANDARD CHAMPUS PROGRAM
	F	*CONTRACTOR* STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
	T	MANAGED CARE SUPPORT STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	F	ADJUSTMENT NEW SUFFIX

[1]   *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3]   *See 1-140-16R and 1-145-16R.*

[4]   *See 1-145-15R.*

[5]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

O	ZERO PAYMENT
R	RESUBMISSION OF ERROR REJECT

OR

TYPE OF SUBMISSION

A	ADJUSTMENT
C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

SPECIAL RATE CODE

D	DISCOUNT RATE AGREEMENT
P	PER DIEM RATE AGREEMENT

NO OCCURRENCE OF OVERRIDE CODE

K	CATASTROPHIC LOSS
L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION

NO OCCURRENCE OF SPECIAL PROCESSING CODES

F	ARMY CAM DEMONSTRATIONS
G	
K	GEORGIA/FLORIDA PPO
R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
#	HOSPICE

- EDITS FOR RETIRED SPONSORS AND THEIR *FAMILY MEMBERS*, AND *FAMILY MEMBERS* OF DECEASED SPONSORS. **(OR** FORMER SPOUSE). CHAMPUS-DRG RECORDS. (PATIENT NOT NEWBORN). SEE BELOW

1-145-09R
1-140-07R   PATIENT COINSURANCE MUST EQUAL ZERO[2]

UNLESS

25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE]
WHEN:

PROGRAM INDICATOR   I   INSTITUTIONAL

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN):

ENROLLMENT STATUS

D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
F	*CONTRACTOR* STANDARD CHAMPUS
J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
Q	NEW ORLEANS STANDARD CHAMPUS
S	CRI STANDARD CHAMPUS
T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM

[1]   *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3]   *See 1-140-16R and 1-145-16R.*

[4]   *See 1-145-15R.*

[5]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
	I	INITIAL SUBMISSION
	O	ZERO PAYMENT
	R	RESUBMISSION OF ERROR REJECT

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODES	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT

[1] *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3] *See 1-140-16R and 1-145-16R.*

[4] *See 1-145-15R.*

[5] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

- EDITS FOR RETIRED SPONSORS AND THEIR *FAMILY MEMBERS*, AND *FAMILY MEMBERS* OF DECEASED SPONSORS, CHAMPUS-DRG, PATIENT IS NEWBORN.

1-145-09R
1-140-08

PATIENT COINSURANCE MUST EQUAL ZERO[2]

UNLESS
25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG/APPLICABLE DAILY RATE]
WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN)

ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	*CONTRACTOR* STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

[1] *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*
[2] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*
[3] *See 1-140-16R and 1-145-16R.*
[4] *See 1-145-15R.*
[5] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*
[6] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*
[7] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE:

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT

NO OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 25% (ALLOW 1¢ ROUNDING ERROR) **OF** AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).

1-145-09R   **WHEN** THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO. (USE 1-140-07R **OR** 1-140-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)

NOTE:

   *PATIENT COINSURANCE = ZERO FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEES, INSTITUTIONAL HCSRs. SEE PATIENT COPAYMENT, EDIT 1-145-13R.*

   • EDITS FOR RETIRED SPONSORS AND THEIR *FAMILY MEMBERS*, AND *FAMILY MEMBERS* OF DECEASED SPONSORS, **(OR** FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS

1-140-10R   PATIENT COINSURANCE MUST BE 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-140-11R   PATIENT COPAYMENT MUST BE ZERO **WHEN**:

PROGRAM INDICATOR	I	INSTITUTIONAL
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED

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[1]   *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3]   *See 1-140-16R and 1-145-16R.*

[4]   *See 1-145-15R.*

[5]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	*CONTRACTOR* STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	ƀ	NO SPECIAL RATE
	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT (E)
	F	DRG NO DISCOUNT
	P	PER DIEM RATE
PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

[1] *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3] *See 1-140-16R and 1-145-16R.*

[4] *See 1-145-15R.*

[5] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: Patient Coinsurance (1-140) (Continued)

NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
	G	
	K	GEORGIA/FLORIDA PPO
	N	CHAMPUS SELECT
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

1-140-14R   PATIENT COST SHARE[3] MUST BE THE LESSOR OF:

a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED, <u>OR</u> THE LESSER OF:

b.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE)

<u>OR</u>

c.) AUTHORIZED BED DAYS[4] TIMES THE DRG/APPLICABLE DAILY RATE

1-145-14R   <u>WHEN</u>:

ANY OCCURRENCE OF OVERRIDE CODE	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	*CONTRACTOR* STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
NO OCCURRENCE OF SPECIAL PROCESSING CODE	#	HOSPICE
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT

[1] *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3] *See 1-140-16R and 1-145-16R.*

[4] *See 1-145-15R.*

[5] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR
TYPE OF SUBMISSION

	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

SPONSOR STATUS

	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

PATIENT RELATIONSHIP TO SPONSOR

	T	FORMER SPOUSE
	H	
	R	
	Y	

1-140-16R   COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) **OR** b.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO

1-145-16R   COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN c.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.

1-145-15R   IF PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN), USE (AUTHORIZED BED DAYS MINUS THREE) TIMES THE DRG DAILY RATE TO CALCULATE. DON'T DO IF BASED ON PATIENT RELATIONSHIP = FORMER SPOUSE. IF (AUTHORIZED BED DAYS MINUS THREE) IS NEGATIVE, CALCULATE USING 0 DAYS.

    • EDIT FOR RETIRED SPONSORS AND THEIR *FAMILY MEMBERS,* AND *FAMILY MEMBERS* OF DECEASED SPONSORS, (**OR** FORMER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER DIEM RECORDS

1-140-18R   PATIENT COINSURANCE MUST EQUAL ZERO[5] **UNLESS**

1-140-17R   25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) (DENIAL REASON CODE) IS LESS THAN [AUTHORIZED BED DAYS TIMES THE PSYCH PER DIEM COST-SHARE DAILY RATE] **WHEN**

PROGRAM INDICATOR

	I	INSTITUTIONAL

ENROLLMENT STATUS

	S	CRI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

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[1]   *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3]   *See 1-140-16R and 1-145-16R.*

[4]   *See 1-145-15R.*

[5]   *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7]   *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	*CONTRACTOR* STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	L	REGION SPECIFIC PSYCH PER DIEM
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE:

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR	T H R Y	UNREMARRIED FORMER SPOUSE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
	U	BENEFICIARY INDEMNIFICATION PAYMENT

[1] *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3] *See 1-140-16R and 1-145-16R.*

[4] *See 1-145-15R.*

[5] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Element Name: **Patient Coinsurance (1-140) (Continued)**

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL
25% (ALLOW $.01 ROUNDING ERROR) OF AMOUNT
BILLED MINUS TOTAL CHARGES BY REVENUE CODE
FOR DUPLICATE BILLING (1) DENIAL REASON CODE.

1-140-18R   **WHEN** THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE
MUST EQUAL ZERO IF PATIENT COPAYMENT IS NOT ZERO.

  • EDIT FOR RETIRED SPONSORS AND THEIR *FAMILY MEMBERS*, AND *FAMILY MEMBERS*
    OF DECEASED SPONSORS, (**OR** FORMER SPOUSE), HOSPITAL-SPECIFIC PSYCHIATRIC
    PER DIEM RECORDS.

1-140-19R   PATIENT COINSURANCE MUST BE 25% (ALLOW $.01 ROUNDING ERROR) OF AMOUNT
ALLOWED AND

1-145-19R   PATIENT COPAYMENT MUST BE ZERO **WHEN**:

PROGRAM INDICATOR	I	INSTITUTIONAL	
SPONSOR STATUS	F	FORMER MEMBER	
	I	PERMANENTLY DISABLED	
	O	TEMPORARILY DISABLED	
	R	RETIRED	
	K	DECEASED	
	D	100% DISABLED	
	W	TITLE III RETIREE	
PATIENT RELATIONSHIP TO SPONSOR	T H R Y	FORMER SPOUSE	
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS	
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM	
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM	
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM	
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM	
	Q	NEW ORLEANS STANDARD CHAMPUS	
	F	*CONTRACTOR* STANDARD CHAMPUS	
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD	
SPECIAL RATE CODE	K	HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM	
TYPE OF SUBMISSION	I	INITIAL SUBMISSION	
	R	RESUBMISSION OF ERROR REJECT	
	O	ZERO PAYMENT	

[1] *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3] *See 1-140-16R and 1-145-16R.*

[4] *See 1-145-15R.*

[5] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*

Institutional Edit Requirements

Element Name: **Patient Coinsurance (1-140) (Continued)**

		F	ADJUSTMENT NEW SUFFIX
OR			
TYPE OF SUBMISSION		A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT > ZERO

WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES. NO COST-SHARE APPLIED

NOTE:

> *IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE. THE DRG DAILY RATE, OR THE PSYCH PER DIEM COST-SHARES DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.*

- EDITS FOR TRICARE. ARMY CAM DEMONSTRATIONS. RETIRED SPONSORS AND THEIR *FAMILY MEMBERS*, AND *FAMILY MEMBERS* OF DECEASED SPONSORS. (**OR** FORMER SPOUSE).

1-140-20R   PATIENT COINSURANCE MUST BE 50% (ALLOW $.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-140-20R   PATIENT COPAYMENT MUST BE ZERO WHEN:

ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT PRIME
SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE

1-140-21R   PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-145-21R   PATIENT COPAYMENT MUST BE ZERO **WHEN**:

PROGRAM INDICATOR	I	INSTITUTIONAL
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

[1] REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

[2] IF PATIENT COINSURANCE = ZERO. SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

[3] See 1-140-16R and 1-145-16R.

[4] See 1-145-15R.

[5] IF PATIENT COINSURANCE = ZERO. SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

[6] IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

[7] IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Element Name: Patient Coinsurance (1-140) (Continued)

PATIENT RELATIONSHIP TO SPONSOR	T H R Y	FORMER SPOUSE
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	*CONTRACTOR* STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	F G	ARMY CAM DEMONSTRATIONS
SPECIAL RATE CODE	"b"	NO SPECIAL RATE
	D	DISCOUNT RATE AGREEMENT
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON DATABASE:

NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT

- EDITS FOR RETIRED SPONSORS AND THEIR *FAMILY MEMBERS*, AND *FAMILY MEMBERS* OF DECEASED SPONSORS, (**OR** FORMER SPOUSE), CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS

1-140-23R   PATIENT COINSURANCE MUST EQUAL ZERO[2] **UNLESS**

1-140-24R   20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES[1] AND DUPLICATE BILLING (1) DENIAL REASON CODE)] IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE] **WHEN**:

PROGRAM INDICATOR =	I	INSTITUTIONAL

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN):

ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	*CONTRACTOR* STANDARD CHAMPUS

[1] *REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).*

[2] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.*

[3] *See 1-140-16R and 1-145-16R.*

[4] *See 1-145-15R.*

[5] *IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.*

[6] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.*

[7] *IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.*